

PHARMACY COUNCIL OF INDIA

Standard Inspection Format (S.I.F) for institutions conducting B. Pharm for 100 admsns.

(To be filled and submitted to PCI by an organization seeking approval of the course / continuation of the approval)

(SIF-B-1)

To be filled up by P.C.I.

To be filled up by inspectors

Inspection No. :

Date of Inspection:

FILE No. :

NAME OF THE INSPECTORS: 1.
(BLOCK LETTERS)

2.

PART - I

A - GENERAL INFORMATION

A - I.1 Name of the Institution: Complete Postal address: STD code Telephone No. Fax No. E-mail	WESTFORT HIGHER EDUCATION TRUST. P.O.M.U. KAVE, POTTORE, THRISSUR - 680581 0487 - 2200501, 2204323 enquiry@imt-thrissur.in
Year of starting of the course	2017-18
Status of the course conducting body: Government / University / Autonomous / Aided / Private (Enclose copy of Registration documents of Society/Trust)	PRIVATE [copy of Trust Registration details enclosed herewith)
A - I.2 Name, address of the Society/Trust/ Management (attach documentary evidence) STD Code: Telephone No: Fax No: E-mail Web Site:	WESTFORT HIGHER EDUCATION TRUST, P.O.M.U. KAVE, POTTORE, THRISSUR - 680581 0487 - 2200501, 2204323 enquiry@imt-thrissur.in www.imtter.com
A - I.3 Name, Designation and Address of person to be contacted by phone STD Code Telephone No Office Residence Mobile No. Fax No E-Mail	Mn. K. M. MOHANDAS 9447130055 0487 - 2388614 DR. V.K. SUDHAKARAN 9447943003 0487 2200501, 2204323 enquiry@imt-thrissur.in
A - I.4 Name and Address of the Head of the Institution	DR. V.K. SUDHAKARAN WESTFORT HIGHER EDUCATION TRUST
A - I.4 a) Whether the Jan Aushadhi Medical Store has been opened by your institution	Yes / No (Please tick (✓) the relevant portion)

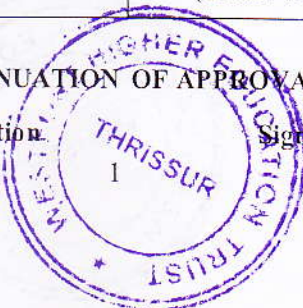
A - I. 5

FOR INSTITUTION SEEKING CONTINUATION OF APPROVAL

Signature of the Head of the Institution

PRINCIPAL
WESTFORT HIGHER EDUCATION TRUST
POTTORE, M.G. KAVU
THRISSUR - 680 581

Signature of the Inspectors



a. Details of Affiliation Fee Paid

Name of the Course	Affiliation Fee paid up to	Receipt No	Dated	Remarks of the Inspectors
B. Pharm	New course applied for 2017-18			

b. APPROVAL STATUS:

Name of the Course	Approved up to	In take Approved and Admitted	PCI	STATE GOVERNMENT	UNIVERSITY	Remarks of the Inspectors
B. Pharm	New course	Approval Letter No and Date	NA			
		Approved Intake	NA			
		Actually Admitted	NA			

c. STATUS OF APPLICATION

COURSES INSPECTED FOR						
Faculty / Subject	Extension of Approval		Increase in Intake of Seats		Remarks	
	Yes	No	Yes	No	Current Intake	Proposed increase in Intake
B. Pharm	New course				NA	NA

Note: Enclose relevant documents

A - I. 6

Whether other Educational Institutions/Courses are also being run by the Trust / Institution in the same

Building / campus? If Yes, Give Details

Yes



No



A - I. 6 a

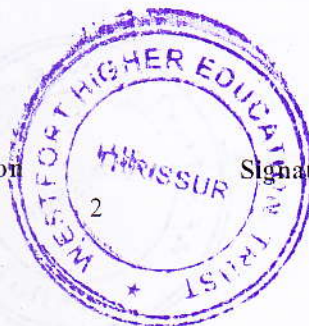
Status of the Pharmacy Course:	
Independent Building	<input type="checkbox"/>
Wing of another college	<input checked="" type="checkbox"/>
Separate Campus	<input type="checkbox"/>
Multi Institutional Campus	<input type="checkbox"/>

Examining Authority :
With complete postal
Address, Telephone No.
and STD Code.

Signature of the Head of the Institution

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POTTORE, M.G. KAVU
THRISSUR - 680 581

Signature of the Inspectors



B - DETAILS OF THE INSTITUTION

B-I.1 Name of the Principal		<i>will be taking charge within one month from the date of approval for the course as per the norms of the council</i>		
Qualification/ Experience	Qualification*	Teaching Experience Required	Actual experience	Remarks of the Inspectors
	M. Pharm	15 years, out of which 5 years as Prof. / HOD		
	PhD	10 years, out of which at least 05 years as Asst. Prof		

* Documentary evidence should be provided

B-I.2

For institution seeking continuation of affiliation

Course	Date of last Inspection	Remarks of the Previous Inspection Report	Complied / Not Complied	Intake reduced/Stopped in the last 03 years*
B. Pharm	NA	NA	NA	NA

* Enclose Documents

B-I.3

Status of Governing Council:	Government/Trust/Society/Individual / University
Details of the Governing Body	Enclosed / Not Enclosed
Minutes of the last Governing council Meeting	Enclosed / Not Enclosed

B-I.4

Pay Scales:

Staff	Scale of pay	PF	Gratuity	Pension benefit	Remarks of the Inspectors
Teaching Staff	AICTE /UGC/State Govt. Yes / No	Yes / No	Yes / No	Yes / No	<i>New course teachers will be appointed on get the approval as per the council norms</i>
Non-Teaching Staff	State Government Yes / No	Yes / No	Yes / No	Yes / No	

B-I.5

B. Pharm Course: Admission Statement for the Past Three Years

New course applied

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
Sanctioned			
No. of Admissions			
Unfilled Seats			
No. of Excess Admissions			

Signature of the Head of the Institution

V. Krishna
 PRINCIPAL
 WESTFORT HIGHER EDUCATION TRUST
 POTTORE, M.G. KAVU
 THRISSUR - 680 581

Signature of the Inspectors



B-I.6

Academic information: Percentage of UG results for the past three years based on University Calendar

New course applied

ACADEMIC YEAR	Year 200-	Year 200-	Year 200-
1 st year			
2 nd year			
3 rd year			
Final year			
Pass % (Final Year)			

B - II

Applied For new course

Co - Curricular Activities / Sports Activities

Whether college has NSS Unit (Yes/No)? If no give reasons	
NSS Programme Officer's Name	
Programme conducted (mention details)	
Whether students participating in University level cultural activities / Co- curricular/sports activities	Yes/No
Physical Instructor	Available / Not available
Sports Ground	Individual / Shared

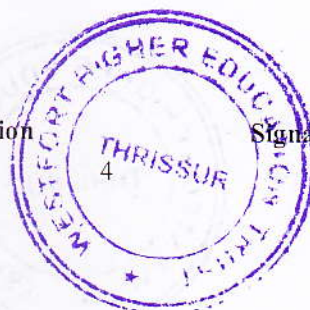
Signature of the Head of the Institution

PRINCIPAL

WESTFORD HIGHER EDUCATION TRUSSUR

POTTORRE, M.G. KANU

THRISSUR - 680 581



Signature of the Inspectors

C - FINANCIAL STATUS OF THE INSTITUTION

Audited financial Statement of Institute should be furnished

C.1 Resources and funding agencies (give complete list)

Audited Final Accounts enclosed

C.2 Please provide following Information

Receipts			Expenditure			Remarks of the Inspectors
Sl. No.	Particulars	Amount	Sl. No.	Particulars	Amount	
1.	Grants a. Government b. Others		CAPITAL EXPENDITURE			
2.	Tuition Fee		1.	Building		
3.	Library Fee		2.	Equipment		
4.	Sports Fee		3.	Others		
5.	Union Fee		REVENUE EXPENDITURE			
6.	Others		1	Salary		
			2.	MAINTENANCE EXPENDITURE		
				i College		
				ii Others		
			3.	University Fee (If any)		
			4.	Apex Bodies Fee		
			5.	Government Fee		
			6.	Deposit held by the College		
			7.	Others		
			8.	Misc. Expenditure		
			Total			
	Total					

Note: Enclose relevant documents

Audited Balance sheet enclosed

[Signature]

Signature of the Head of the Institution

PRINCIPAL

WESTFORD HIGHER EDUCATION TRUST
POTTORE, M.G. KAYU
THRISSUR - 680 881



Signature of the Inspectors

Total Area 2.572 Acres

PART- II PHYSICAL INFRASTRUCTURE

- 1. a. Availability of Land (B. Pharm courses) : Available / Not Available
- a) 2.5 acres District HQ/Corporation/Municipality limit : 2.572 Acres
- b) 0.5 acre for City / Metros
- b. Building : Own/Rented/Leased
- c. Land Details to be in name of Trust and Society : Enclosed/Not available
- Records to be enclosed
- Sale deed
- d. Building† : Enclosed/Not available
- i) Approved Building plan, to be Enclosed
- e. Total Built Area of the college building in Sq.mts : Built up Area

3989.68 sqm
 3160 sqm
 986.42 sqm
 790 sqm

2. Class rooms:

Amenities and Circulation Area

Total Number of Class rooms provided at the end of 4 Year Course

Class	Required Nos	Available Nos	Required Area * for each class room	Available Area in Sq.mts	Remarks of the Inspectors
B. Pharm	06	06	6 of 90 Sq. mts Or 4 of 150 sq.mts. with Public address System.	6 of 90 sqm	

(*To accommodate 100 students).

3. Laboratory requirement at the end of 4 Years will be made available as per norms by the council

Sl. No.	Infrastructure for	Requirement as per Norms	Available No. & Area in Sq mts	Remarks/ Deficiency
1	Laboratory Area for B.Pharm Course (12 Labs)	90 Sq. mts x n (n=10) - Including Preparation room - Desirable 75 Sq. mts - Essential		
2	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology (Including Aseptic Room) Total no. Laboratories for B.Pharm course	03 Laboratories 02 Laboratories 01 Laboratory 02 Laboratories 01 Laboratories 01 Laboratory		
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	10 Laboratories *		
4	Area of the Machine Room	10 sq mts (minimum)		
5	Central Instrumentation Room	80-100 Sq.mts		
6	Store Room - I	80 Sq.mts with A/ C		
7	Store Room - II (For Inflammable chemicals)	1 (Area 100 Sq mts) 1 (Area 20 Sq mts)		

*Number of laboratories required for entire course of 4 years.

Signature of the Head of the Institution
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 POTTORE, M.G. KAVU
 THRISSUR - 680 581



Signature of the Inspectors

† The Institutions will not be permitted to run the courses in rented building on or after 31.12.2008

1. All the Laboratories should be well lit & ventilated
2. All Laboratories should be provided with basic amenities and services like exhaust fans and fume chamber to reduce the pollution wherever necessary.
3. The work benches should be smooth and easily cleanable preferably made of non-absorbent material.
4. The water taps should be non-leaking and directly installed on sinks. Drainage should be efficient.
5. Balance room should be attached to the concerned laboratories.

4. Administration Area:

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Principal's Chamber	01	30 Sq. mts			
2	Office - I - Establishment	01	60 Sq. mts			
3	Office - II - Academics					
4	Confidential Room					

5. Staff Facilities:

New course applied

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq mts	
1	HODs for B.Pharm Course	Minimum 4	20 Sq mts x 4			
2	Faculty Rooms for B.Pharm course		10 Sq mts x n (n=No of teachers)			

6. Museum, Library, Animal House and other Facilities

will be provided as per council norms

Sl.No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq. mts	
1	Animal House	01	80 Sq mts			
2	Library	01	150 Sq mts			
3	Museum	01	50 Sq mts (May be attached to the Pharmacognosy lab)			
4	Auditorium / Multi Purpose Hall (Desirable)	01	250 - 300 seating capacity			
5	Seminar Hall	01				
6	Herbal Garden (Desirable)	01	Adequate Number of Medicinal Plants			

Signature of the Head of the Institution

V.K. Menon
 PRINCIPAL
 WESTFORT HIGHER EDUCATION TRUST
 POTTORE, M.G. KAVU
 THRISSUR - 680 581



Signature of the Inspectors

How course applied will be provided as per council norms on get the approval

7. Student Facilities:

Sl. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq .mts	
1	Girl's Common Room (Essential)	01	60 Sq.mts			
2	Boy's Common Room (Essential)	01	60 Sq.mts			
3	Toilet Blocks for Boys	01	24 Sq.mts			
4	Toilet Blocks for Girls	01	24 Sq.mts			
5	Drinking Water facility - Water Cooler (Essential).	01				
6	Boy's Hostel (Desirable)	01	9 Sq .mts / Room Single occupancy			
7	Girl's Hostel (Desirable)	01	9 Sq .mts / Room (single occupancy) 20 Sq mts / Room (triple occupancy)			
8	Power Backup Provision (Desirable)	01				

8. Computer and other Facilities:

Name	Required	Available		Remarks of the Inspectors
		No.	Area in Sq. mts	
Computer Room for B.Pharm Course	01 (Area 75 Sq mts)			
Computer (Latest Configuration)	1 system for every 10 students			
Printers	1 printer for every 10 computers			
Multi Media Projector	01			
Generator (5KVA)	01			

Signature of the Head of the Institution

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THRISSUR - 680 581



Signature of the Inspectors

9. Amenities (Desirable)

Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficiency
		No.	Area in Sq. mts		
Principal quarters	80 Sq. mts				
Staff quarters	16 x 80 Sq. mts				
Canteen	100 Sq. mts				
Parking Area for staff and students					
Bank Extension Counter					
Co operative Stores					
Guest House	80 Sq. mts				
Transport Facilities for students					
Medical Facility (First Aid)					

10. A. Library books and periodicals

The minimum norms for the initial stock of books, yearly addition of the books and the number of journals to be subscribed are as given below:

Sl. No.	Item	Titles (No)	Minimum Volumes (No)	Available		Remarks of the Inspectors
				Title	Numbers	
1	Number of books	150	2000 adequate coverage of a large number of standard text books and titles in all disciplines of pharmacy			
2	Annual addition of books		150 to 200 books per year			
3	Periodicals		10 National			
	Hard copies / online		05 International periodicals			
4	CDS		Adequate Nos			
5	Internet Browsing Facility		Yes/No (Minimum ten computers)			
6	Reprographic Facilities:					
	Photo Copier		01			
	Fax		01			
	Scanner		01			
7	Library Automation and Computerized System					
8	Library Timings					

10.B. Library Staff:

	Staff	Qualification	Required	Available	Remarks of the Inspectors
1	Librarian	M. Lib	1		
2	Assistant Librarian	D. Lib	1		
3	Library Attenders	10 +2 / PUC	2		

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POTTORE, M.G. KAVU
THRISSUR - 680 501



Signature of the Inspectors

PART III ACADEMIC REQUIREMENTS

Course Curriculum:

New course applied

1. Student Staff Ratio:
Inspectors

Theory Practicals Remarks of the

(Required ratio --- Theory → 60:1 and Practicals → 20:1) If more than 20 students in a batch 2 staff members

to be present provided the lab is spacious.

2. Scheme of B. Pharm Course:

Annual

3. Date of Commencement of session / sessions:

Commencement DD/MM/YY	Completion DD/MM/YY
--------------------------	------------------------

No of Days

No of Days

4. Vacation:

Summer:

Winter:

5. Total No. of working days:

6. Time Table:

Time Table for B. Pharm course Enclosed

Yes

No

7. Whether the prescribed numbers of classes are being conducted as per university norms

I B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

II B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs	No of Hours Conducted	Prescribed No of Hours	No of Hours Conducted	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1	2	3	4	5		

III B. Pharm:

Signature of the Head of the Institution

V. K. M.

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WESTFORT HIGHER EDUCATION TRUST
POTTORE, M.G. KAVU
THRISSUR - 680 581



Signature of the Inspectors

New course applied

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						

IV B. Pharm:

Subject	No of Theory Classes		Practicals			Remarks of the Inspectors
	Prescribed No of Hrs 2	No of Hours Conducted 3	Prescribed No of Hours 4	No of Hours Conducted 5	No of Classes Conducted to fulfill Prescribed Number of Hours as in Column 5 No. of classes x hours per class	
1						

8. Whether Tutorials are being conducted (if any, as per university norms)

9. Number of Guest Lectures / Seminars / Work shops / Symposia / Presentations conducted during last Three years.

A.

Name of the Event	Year 200-	Year 200-	Year 200-
Guest Lectures			
Seminars			
Workshops			
Symposia			

B. Papers Presented / Published during last three years

	Year 200-		Year 200-		Year 200-	
	National	International	National	International	National	International
Published						
Presented						

[Signature]
 Signature of the Head of the Institution
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 POTTORE, M.G. KAVU
 THRISSUR - 680 581



Signature of the Inspectors

10. Whether Internal Assessments are conducted periodically as per university norms

Yes No

Class	I Sessional Dates DD/MM/YY		II Sessional Dates DD/MM/YY		III Sessional Dates DD/MM/YY		Remarks of the Inspectors
	Theory	Practicals	Theory	Practicals	Theory	Practicals	
I B. Pharm							
II B. Pharm							
III B. Pharm							
IV B. Pharm							

11. Whether Evaluation of the internal assessments is Fair Yes No

Class	No. of Candidates scored more than 80%		No. of Candidates scored between 60 - 80%		No. of Candidates scored between 50 - 60%		No. of Candidates Less than 50%		Remarks of the Inspectors
	Th	Pr	Th	Pr	Th	Pr	Th	Pr	
I B. Pharm									
II B. Pharm									
III B. Pharm									
IV B. Pharm									

12. Work load of Faculty members for B. Pharm

Sl. No	Name of the Faculty	Subjects taught	B. Pharm		Total work load	Specific Remarks of the Inspector
			Th	Pr		

13. Percentage of students qualified in GATE in the last Three Years

Details	Year 200-	Year 200-	Year 200-
No. of Students Appeared			
No. of Students Qualified			
Percentage			

14. Whether the Institution has an Industry - Institution Interaction cell Yes No

If applicable please give the details for the previous Year

Events	Details for the Previous Year
No. of Industrial visits	
Industrial Tour	
Industrial Training	
No. of Resource Persons from the Industry for Guest Lectures	
No. of Collaboration projects with Industry	

Signature of the Head of the Institution

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POTTORE, M. G. KAVU
THRISSUR - 680 581



Signature of the Inspectors

15. Percentage of students Placed through the College Placement Cell in the Last Three Years

Year	Year 200-	Year 200-	Year 200-
No. of students appeared for campus interview			
% Placed			

16. Whether Professional Society Activities are Conducted (Enclose Details)
(ISTE, IPA, APTI, ICTA and Related Societies)

Yes	No
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M. M. M.

Signature of the Head of the Institution
PRINCIPAL
WESTFORT HIGHER EDUCATION TRUST
POTTORE, M.G. KAVU
THRISSUR - 680 581



Signature of the Inspectors

New course applied

PART IV - PERSONNEL

TEACHING STAFF:

1. Details of Teaching Faculty for B.Pharm Course to be enclosed in the format mentioned below:

Sl No	Name	Designation	Qualification	Date of Joining	Teaching Experience	State Pharmacy Council Reg No.	Signature of the faculty	Remarks of the Inspectors
					After PG			

2. Qualification and number of Staff Members

M. Pharm	Qualification	
	PhD	Others - Full Time

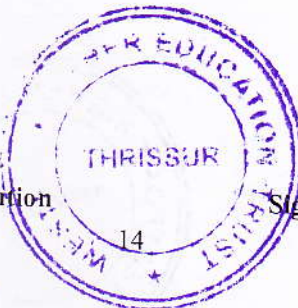
3. Teaching Staff required year wise exclusively for B.Pharm for intake of 100 Students.

	No. of staff required
1. Pharmaceutical Chemistry	7
2. Pharmaceutical Analysis	2
3. Pharmacology	4
4. Pharmacognosy	4
5. Pharmaceutics	6
6. Pharmacy Practice	1
7. Principal	1
Total	25
*Part time teaching Staff	3
Remarks of the Inspection Team	

*Part time teaching staff for Mathematics, Biology and Computer Science can be appointed.

Signature of the Head of the Institution

PRINCIPAL
WESTFORT HIGHER EDUCATION TRUST
PO BOX 110, KAYU
THRISSUR



Signature of the Inspectors

4. Staff Pattern for B. Pharm courses Department wise / Division wise:
 Professor: Asst. Professor: Lecturer

New course applied

Department / Division	Name of the post	For strength of 100 students	Provided by the institution	Remarks of inspection team
Department of Pharmaceutics	Professor	1		
	Asst. Professor	2		
	Lecturer	3		
Department of Pharmaceutical Chemistry	Professor	1		
	Asst. Professor	3		
	Lecturer	3		
Department of Pharmacology	Professor	1		
	Asst. Professor	2		
	Lecturer	1		
Department of Pharmacognosy	Professor	1		
	Asst. Professor	1		
	Lecturer	2		
Department of Pharmacy Practice	Asst. Professor	1		
	Lecturer	1		
Department of Pharmaceutical Analysis	Asst. Professor	1		
	Lecturer	1		

5. Selection criteria and Recruitment Procedure for Faculty:

a.	Whether Recruitment Committee has been formed	Yes / No
b.	Whether Advertisement for vacancy is notified in the Newspapers	Yes / No
c.	Whether Demonstration Lecture has been conducted	Yes / No
d.	Whether opinion of Recruitment Committee Recorded	Yes / No

6. Details of Faculty Retention for:

Name of Faculty Member	Period	%
	Duration of 15 yrs. and above	
	Duration of 10 yrs. and above	
	Duration of 5 yrs. and above	
	Less than 5 yrs.	

7. Details of Faculty Turnover:

Name of Faculty Member	Period	More than 50%	50%	25%	Less than 25%
	% of faculty retained in last 3 yrs				

M. M. M.
 Signature of the Head of the Institution

PRINCIPAL

WESTFORT HIGHER EDUCATION TRUST

POTTORE, M.G. KAVU

THRISSUR - 680 581



Signature of the Inspectors

New course applied

8. Number of Non-teaching staff available for B. Pharm course for intake of 100 Students:

Sl. No.	Designation	Required (Minimum)	Required Qualification	Available		Remarks of the Inspection team
				Number	Qualification	
1	Laboratory Technician	1 for each Dept	D. Pharm			
2	Laboratory Assistants / Attenders	1 for each Lab (minimum)	SSLC			
3	Office Superintendent	1	Degree			
4	Accountant	1	Degree			
5	Store keeper	1	D. Pharm/ Degree			
6	Computer Data Operator	1	BCA / Graduate with Computer Course			
7	Office Staff I	1	Degree			
8	Office Staff II	2	Degree			
9	Peon	2	SSLC			
10	Cleaning personnel	Adequate	---			
11	Gardener	Adequate	---			

V. K. M. S.

Signature of the Head of the Institution

PRINCIPAL
WESTFORT HIGHER EDUCATION TRUST
POTTORE, M.G. KAVU
THE SUR - 680 581



Signature of the Inspectors

New course applied

9. Scale of pay for Teaching faculty (to be enclosed):

Sl. No	Name	Qualification	Designation	Basic pay Rs.	DA Rs.	HRA Rs.	CCA Rs.	Other allowance Rs.	Deductions			Bank A/C No	PAN No	EPF A/c no.	Total	Signature	
									P T	TDS	EPF						

10. Whether facilities for Research / Higher studies are provided to the faculty?

(Inspectors to verify documents pertaining to the above)

11. Whether faculty members are allowed to attend workshops and seminars?

(Inspectors to verify documents pertaining to the above)

12. Scope for the promotion for faculty: Promotions

Yes No

13. Gratuity Provided

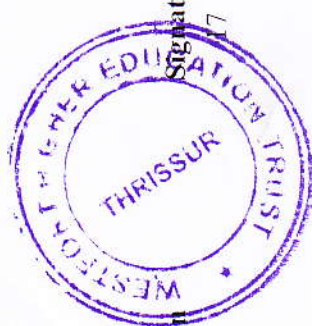
Yes No

14. Details of Non-teaching staff members (list to be enclosed):

Sl No	Name	Designation	Qualification	Date of Joining	Experience	Signature	Remarks of the Inspectors

15. Whether Supporting Staff (Technical and Administrative) are encouraged for skill up gradation programs. Yes/ No

M. G. Kavuri
Signature of the Head of the Institution
 PRINCIPAL
 WESTFORD HIGHER EDUCATION TRUST
 POTTORE, M.G. KAVU
 THRISSUR - 680 581




Signature of the Inspectors


New course applied

PART V - DOCUMENTATION

Records Maintained: Essential

Sl. No	Records	Yes	No	Remarks of the Inspectors
1	Admissions Registers			
2.	Individual Service Register			
3.	Staff Attendance Registers			
4.	Sessional Marks Register			
5.	Final Marks Register			
6.	Student Attendance Registers			
7.	Minutes of meetings- Teaching Staff			
8.	Fee paid Registers			
9.	Acquittance Registers			
10.	Accession Register for books and Journals in Library			
11.	Log book for chemicals and Equipment costing more than Rupees one lakh			
12.	Job Cards for laboratories			
13.	Standard Operating Procedures (SOP's) for Equipment			
14.	Laboratory Manuals			
15.	Stock Register for Equipment			
16.	Animal House Records as per CPCSEA			


Signature of the Head of the Institution


Signature of the Inspectors

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New course applied

PART - VI

1. Financial Resource allocation and utilization for the past three years:
(Audited Accounts for previous year to be enclosed)

Sl	Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget sanctioned	Recurring	Non Recurring	Total budget sanctioned	Recurring	Non Returning	
No.							

2. Total amount spent on chemicals and glassware for the past three years:

Sl	Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
No.							
	Chemicals			Chemicals			
	Glassware			Glassware			

3. Total amount spent on equipments for the past three years:

Sl	Expenditure in Rs.			Expenditure in Rs.			Remarks of the Inspectors*
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	
No.							
	Equipment			Equipment			

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4. Total amount spent on Books and Journals for the past three years:

Sl No.	Expenditure in Rs.				Expenditure in Rs.				Remarks of the Inspectors*	
	Expenditure in Rs.		Expenditure in Rs.		Expenditure in Rs.		Expenditure in Rs.			
	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned	Incurred	Total budget allocated	Sanctioned		Incurred
1	Books			Books			Books			
2	Journals			Journals			Journals			

*Last three years including this academic year till the date of inspection



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PART VII - EQUIPMENT AND APPARATUS

Department wise list of minimum equipments required for B. Pharm (for a batch of 20 students)

DEPARTMENT OF PHARMACOLOGY
Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscopes	20			
2	Haemocytometer with Micropipettes	20			
3	Sahl's haemocytometer	20			
4	Hutchinson's spirometer	01			
5	Spygmomanometer	10			
6	Stethoscope	10			
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system			
8	Models for various organs	One model of each organ system			
9	Specimen for various organs and systems	One model for each organ system			
10	Skeleton and bones	One set of skeleton and one spare bone			
11	Different Contraceptive Devices and Models	One set of each device			
12	Muscle electrodes	01			
13	Lucas moist chamber	01			
14	Myographic lever	01			
15	Stimulator	01			
16	Centrifuge	01			
17	Digital Balance	01			
18	Physical / Chemical Balance	01			
19	Sherrington's Kymograph Machine / Polyrite	10			

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20	Sherrington Drum	10			
21	Perspex bath assembly (single unit)	10			
22	Aerators	10			
23	Computer with LCD	01			
24	Software packages for experiment	01			
25	Standard graphs of various drugs	Adequate number			
26	Actophotometer	01			
27	Rotarod	01			
28	Pole climbing apparatus	01			
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01			
30	Convulsiometer	01			
31	Plethysmograph	01			
32	Digital pH meter	01			

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Folin-Wu tubes	60			
2	Dissection Tray and Boards	10			
3	Haemostatic artery forceps	10			
4	Hypodermic syringes and needles of size 15,24,26G	10			
5	Livers, cannulae	20			

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

DEPARTMENT OF PHARMACOGNOSY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Microscope with stage micrometer	20			
2	Digital Balance	02			
3	Autoclave	02			
4	Hot air oven	02			



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5	B.O.D. incubator	01			
6	Refrigerator	01			
7	Laminar air flow	01			
8	Colony counter	02			
9	Zone reader	01			
10	Digital pH meter	01			
11	Sterility testing unit	20			
12	Camera Lucida	20			
13	Eye piece micrometer	01			
14	Incinerator	01			
15	Moisture balance	20			
16	Heating mantle	01			
17	Flourimeter	02			
18	Vacuum pump	05			
19	Micropipettes (Single and multi channelled)	01			
20	Micro Centrifuge	01			
21	Projection Microscope	01			

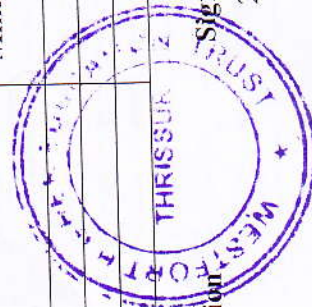
Apparatus: Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Reflux flask with condenser	20			
2	Water bath	20			
3	Clavengers apparatus	10			
4	Soxhlet apparatus	10			
6	TLC chamber and sprayer	10			
7	Distillation unit	01			

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DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

Equipment:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Hot plates	05			
2	Oven	03			
3	Refrigerator	01			



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4	Analytical Balances for demonstration	05			
5	Digital balance 10mg sensitivity	10			
6	Digital Balance (1mg sensitivity)	01			
7	Suction pumps	06			
8	Muffle Furnace	01			
9	Mechanical Stirrers	10			
10	Magnetic Stirrers with Thermostat	10			
11	Vacuum Pump	01			
12	Digital pH meter	01			
13	Microwave Oven	02			

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Distillation Unit	02			
2	Reflux flask and condenser single necked	20			
3	Reflux flask and condenser double / triple necked	20			
4	Burettes	100			
5	Arsenic Limit Test Apparatus	25			
6	Nessler's Cylinders	50			

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DEPARTMENT OF PHARMACEUTICS

Equipment:

Sl. No.	Name	Minimum Required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Mechanical stirrers	20			
2	Homogenizer	10			
3	Digital balance	05			
4	Microscopes	10			
5	Stage and eye piece micrometers	15			
6	Brookfield's viscometer	01			
7	Tray dryer	01			
8	Ball mill	01			

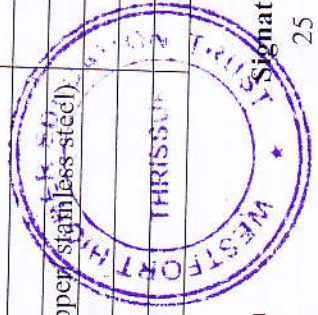
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9	Sieve shaker with sieve set		01	
10	Double cone blender		01	
11	Propeller type mechanical agitator		05	
12	Autoclave		01	
13	Steam distillation still		01	
14	Vacuum Pump		01	
15	Standard sieves, sieve no. 8, 10, 12, 22, 24, 44, 66, 80		10 sets	
16	Tablet punching machine		01	
17	Capsule filling machine		01	
18	Ampoule washing machine		01	
19	Ampoule filling and sealing machine		01	
20	Tablet disintegration test apparatus IP		02	
21	Tablet dissolution test apparatus IP		01	
22	Monsanto's hardness tester		02	
23	Pfizer type hardness tester		01	
24	Friability test apparatus		01	
25	Clarity test apparatus		01	
26	Ointment filling machine		01	
27	Collapsible tube crimping machine		01	
28	Tablet coating pan		01	
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control		05 EACH	
30	Digital pH meter		10	
31	All purpose equipment with all accessories		01	
32	Aseptic Cabinet		01	
33	BOD Incubator		02	
34	Bottle washing Machine		01	
35	Bottle Sealing Machine		01	
36	Bulk Density Apparatus		02	
37	Conical Percolator (glass/ copper/ stainless-steel)		10	
38	Capsule Counter		02	
39	Energy meter		02	
40	Hot Plate		02	




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 25

41	Humidity Control Oven	01		
42	Liquid Filling Machine	01		
43	Mechanical stirrer with speed regulator	02		
44	Precision Melting point Apparatus	01		
45	Distillation Unit	01		

Apparatus:

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Ostwald's viscometer	20			
2	Stalagmometer	20			
3	Desiccator*	10			
4	Suppository moulds	20			
5	Buchner Funnels (Small, medium, large)	05 each			
6	Filtration assembly	01			
7	Permeability Cups	05			
8	Andreason's Pipette	05			
9	Lipstick moulds	10			

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

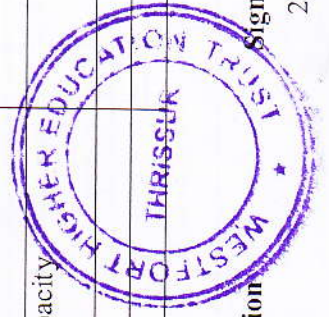
PHARMACEUTICAL BIOTECHNOLOGY

Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Orbital shaker incubator	01			
2	Lyophilizer (Desirable)	01			
3	Gel Electrophoresis (Vertical and Horizontal)	01			
4	Phase contrast/Trinocular Microscope	01			
5	Refrigerated Centrifuge	01			
6	Fermenters of different capacity (Desirable)	01			
7	Tissue culture station	01			
8	Laminar airflow unit	01			

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9	Diagnostic kits to identify infectious agents	01		
10	Rhcometer	01		
11	Viscometer	01		
12	Micropipettes (single and multi channaced)	01 each		
13	Sonicator	01		
14	Respinometer	01		
15	BOD Incubator	01		
16	Paper Electrophoresis Unit	01		
17	Micro Centrifuge	01		
18	Incubator water bath	01		
19	Autoclave	01		
20	Refrigerator	01		
21	Filtration Assembly	01		
22	Digital pH meter	01		

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

CENTRAL INSTRUMENTATION ROOM:

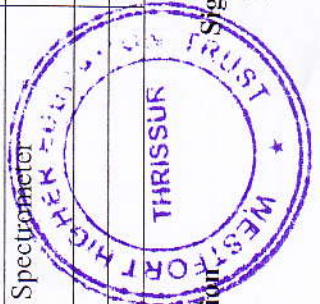
Sl. No.	Name	Minimum required Nos.	Available Nos.	Working Yes / No	Remarks of the Inspectors
1	Colorimeter	01			
2	Digital pH meter	01			
3	UV- Visible Spectrophotometer	01			
4	Flourimeter	01			
5	Digital Balance (1mg sensitivity)	01			
6	Nephelo Turbidity meter	01			
7	Flame Photometer	01			
8	Potentiometer	01			
9	Conductivity meter	01			
10	Fourier Transform Infra Red Spectrometer (Desirable)	01			
11	HPLC	01			
12	HPTLC (Desirable)	01			

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13	Atomic Absorption and Emission spectrophotometer (Desirable)	01			
14	Biochemistry Analyzer (Desirable)	01			
15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01			
16	Deep Freezer (Desirable)	01			
17	Ion- Exchanger	01			
18	Lyophilizer (Desirable)	01			



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